

Revised 5/96

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA*Amin Abdullah-Clarke # C-84681*

FILED

Plaintiff

vs.

V.M. ALMAGER, Warden, et al.

Defendant

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER
2008 MAY 19 PM 3:29
CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY RM DEPUTYCASE NUMBER: *08CV0882 DMS(WMC)*

I, *Amin Abdullah-Clarke*, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled the relief sought in the complaint.

of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration. *Lancaster PRISON*

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

6. Do you have any other assets? ☐ Yes ☒ No

If "Yes" list the asset(s) and state the value of each asset listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

I declare under penalty of perjury that the above information is true and correct.

5/4/08
DATE

Amin Abdullah Clarke
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at CSP Los Angeles County (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 0. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months.)

May 13, 2008 H. St. George ACF

REPORT DATE: 05/13/08
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF. STATE PRISON, LA COUNTY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY B. M. George ACH
TRUST OFFICE

FOR THE PERIOD: DEC. 13, 2007 THRU MAY 13, 2008

ACCOUNT NUMBER : C84681
ACCOUNT NAME : CLARKE, ANTHONY
PRIVILEGE GROUP: A
BED/CELL NUMBER: FDB100000000103L
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 10/22/90
COUNTY CODE: LA
CASE NUMBER: VA004838
FINE AMOUNT: \$ 100.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
12/13/2007		BEGINNING BALANCE		100.00
04/30/08	SU01	SYS TRNSF - POS	53.85-	46.15

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/29/97
COUNTY CODE: LA
CASE NUMBER: VA032139
FINE AMOUNT: \$ 200.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
12/13/2007		BEGINNING BALANCE		7.01
04/30/08	SU01	SYS TRNSF - POS	7.01-	0.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00